Open Choice® PPO Medical Plan

Your Uniform Health Care Program for Year 2008

NEXCOM
Navy Exchange Service Command

The Department of Defense Nonappropriated Fund Health Benefits Program

AAFES™
Army & Air Force Exchange Service

Welcome to Open Choice – for Quality, Affordable Health Care

The DoD Nonappropriated Fund (NAF) employers are pleased to offer NAF employees and retirees a preferred provider organization plan, called Open Choice, as your medical plan.* You'll find that it offers an excellent way to get the quality health care services you and your family need. It's also easy to use since there are no claim forms to complete and no precertification requirements for you to initiate. These functions are handled by preferred providers, doctors and other health care providers who belong to Aetna's network. In addition, there are no reasonable and customary limits when you use the plan's preferred providers.

Save money with Open Choice

You'll save money with Open Choice when you use preferred providers. Office visits to the doctor are covered for a flat $15 fee, called a "copay." When you need a specialist, your office visit copay is $35. The annual deductible does not apply to office visits. Hospital services are covered at 90% after the deductible, plus a $200 per confinement fee for each hospital stay.

Stay well with Open Choice

Open Choice also provides generous benefits for preventive care services that can catch problems early and help you and your family stay well. The following services are covered at 100% with no copay and no deductible when you receive care from a preferred provider:

- One annual routine physical exam, age 7 and older
- Well-baby care to age 7, including doctor visits and immunizations
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and older
- One annual prostate screening for men age 40 and older

Preventive care services are an important part of your health plan, and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings to make the most of this valuable benefit.

** Open Choice is administered by Aetna Life Insurance Company and is offered to DoD employees and eligible dependents who have access to Aetna's Open Choice PPO network.*

Understanding the Plan Basics

To begin, here are the two main things you need to know about Open Choice. We call them the plan basics.

Plan Basic #1

Open Choice is a network plan

This means that you get your care from doctors, hospitals and other health care providers who belong to an extensive "network" in your local area and who operate their own independent practices. A comprehensive range of medical specialties and services is available so you and your family can get the care you need within the network. Together, network providers deliver health care services at special negotiated rates. As a result, you pay less for your care. All doctors and hospitals are screened before they are admitted to the network and monitored on an ongoing basis once they are in the network. Credentials and licenses are checked to make sure they are valid and current. All providers must be committed to quality, patient-focused care. You will visit network providers in their own private offices.

Plan Basic #2

You choose from two levels of benefits

A very important part of the plan is this: Open Choice gives you two benefit levels to choose from. One is called "preferred care" and the other is called "non-preferred care." The choice is yours each time you need care. Here is the difference:

- *Preferred care.* This is the higher level of benefits. You get preferred benefits when you use network providers.
- *Non-preferred care.* This is the lower level of benefits. You get non-preferred benefits when you use non-network providers.

You will want to get preferred benefits each time you need care. To do this, just follow the steps outlined in this brochure.

Follow These Steps and Get the Preferred Level of Benefits Each Time You Need Care:

Step 1

Locate Open Choice providers

The Open Choice network of medical providers is large and comprehensive. To find out which doctors are in the network, you can access Aetna's online provider directory called DocFind®. Log on to **www.aetna.com** and click on "Find a Doctor" in the "Shortcuts" menu area on the home page. Then follow the prompts to locate network providers in your area. DocFind is updated three times a week, so it includes the most recent listing of participating network providers. See page 6 for more information about using DocFind.

Step 2

Use network providers each time you need medical care

When you use network providers, the plan pays a higher, preferred level of benefits and you pay less out of your own pocket for care. In addition, your network provider will file claims for you and take care of the plan's precertification requirement. When you use non-network providers, you pay more for your care (see Step 9), plus you must file your own claims and call Aetna to precertify certain types of care. Remember, as long as you use network providers, your care will be covered at the preferred level of benefits. You'll save money and help keep the cost of medical benefits down. To find network providers, use DocFind at **www.aetna.com** (see page 6 for more on DocFind).

Step 3

Meeting the deductible

Under the plan, you must first meet an annual medical deductible. The deductible is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. The deductible does not apply to preventive care services. After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called "coinsurance." The plan pays a percentage of the cost of covered services, and you pay the balance.

Annual Plan Deductible for In-Network Care	
Individual	$200
Family of 2	$400
Family of 3 or more	$600

The family deductible is three times the individual deductible. The family deductible is met once the entire family has spent $600 on medical care. For a family of two, the deductible is met when each family member meets his or her individual deductible, or $400.

Step 4

The out-of-pocket limit

Open Choice has an annual out-of-pocket maximum that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year.

Annual Out-of-Pocket Limit for In-Network Care	
Individual	$3,000
Family of 2	$6,000
Family of 3 or more	$9,000

The family out-of-pocket limit is three times the individual limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or $6,000.

Step 5

Use your ID card

After you enroll, you will receive two Aetna ID cards with the names of all covered family members and the Member Services toll-free number on it. Keep your card handy and show it at the doctor's office to let them know that you are enrolled in Open Choice. Also show it at participating pharmacies in the United States to get preferred rates for prescription drugs (see page 4 for details). Pharmacy copays are listed on the back of your ID card. *If you don't use participating pharmacies, you won't have any coverage for prescriptions.*

Step 6

Get the help you need in an emergency

If you have a medical emergency, go to the nearest hospital immediately and get the care you need. Then, call Member Services. Your benefits will be paid at 100% after a $150 copay as long as it is a true emergency. If you are admitted to the hospital, you will not be required to pay the $150. If you use a hospital emergency room and it's not a true emergency, you must pay the copay as well as 50% of the cost after meeting the deductible.

A true emergency is a severe illness or accident that could lead to a serious risk to your health or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

Sometimes you need urgent – not emergency – care. A sprain or fever are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, you should call your network provider and follow his or her instructions so your care will be covered at the preferred level.

Step 7

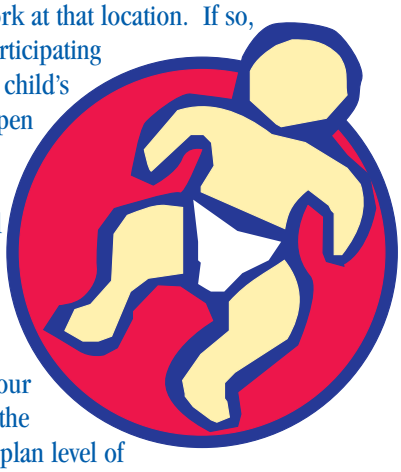
Call Member Services before you get care away from home

Aetna maintains Open Choice provider networks throughout the country that you may use. If you are out of your local network area on vacation or business and you need non-emergency health care services, call the Member Services toll-free telephone number. Ask the Aetna representative if you are in or near a network area. If so, you may use network providers and receive the preferred level of benefits. If you use non-network providers, your care will be covered at the non-preferred level of benefits. If you are traveling overseas, your covered expenses will be paid at the preferred level. In this case, you will need to submit a claim form.

Step 8

Make sure your children who live away from home use network providers when available

If your child is away at school or lives with another parent outside your home network, you should call Member Services and ask if there is an Open Choice network at that location. If so, log on to DocFind to locate participating providers in that area. If your child's school or home is not in an Open Choice network, ask Member Services if there is one nearby. If your child is willing to travel to see network providers, benefits will be paid at the preferred level.



If a network is not available, your child's benefits will be paid at the Traditional Choice® indemnity plan level of benefits. Traditional Choice is being offered to those employees and retirees who live in an area where Open Choice is not available.

Traditional Choice allows you to select any licensed physician you wish when you need care. Once an annual deductible is met, the plan typically pays 80% of the expense, based on reasonable and customary charges, and you pay the remaining balance. To be reimbursed for covered expenses, you must first submit a claim form to Aetna. *Contact Member Services and inform them of any dependent that fits this category. The child's eligibility must be documented as Traditional Choice in order to receive this level of benefits.*

Step 9

Learn the facts about non-preferred benefits

Whenever a non-network doctor provides your care, you get the non-preferred level of benefits. *It's very important to know the difference between the two levels of benefits.* Here's how the plan works for non-network care:

- You must meet a higher, non-preferred deductible before the plan begins to pay benefits.
- You pay the provider, then submit a claim form to Aetna for reimbursement.
- The plan pays 60% of the reasonable and customary charge for covered services. If the doctor charges more than the reasonable and customary charge, you must also pay the difference. (The reasonable and customary amount is the prevailing rate for medical services in your community.)
- Coverage is *not* available for preventive care, including physical exams, ob/gyn exams, well-baby care, mammograms, or routine eye and hearing exams.
- If your doctor wants to admit you to the hospital, you must call Aetna Member Services for precertification and approval. Failure to precertify a hospital admission when required will result in a $500 penalty.

Step 10

Call Aetna Member Services

Here's a great plan feature and one you can use often. It's Aetna Member Services, a toll-free information service. Call Member Services at 1-800-367-6276 for answers to many kinds of questions – *confidentially.* You will speak to an Aetna representative, and anything discussed will be kept completely private.

Here are just a few of the many reasons you will want to call Member Services:

- For information about network doctors and hospitals, including the doctor's credentials and whether he or she is accepting new patients
- For answers to general health questions
- For information about benefits under your plan
- To precertify hospital care, if required

- To find out if there is an Open Choice network where your child lives with another parent or is away at school
- To check the status of a claim

You can call Member Services Monday through Friday from 8 a.m. to 6 p.m., Central time. You may also call after hours and use the Aetna Voice Advantage® service to obtain certain information.

Prescription Drug Benefits

Your prescription drugs will be covered under Aetna's Three-Tier Pharmacy Program. The program features three copay levels:

- The lowest copay level is $10 for up to a 30-day supply of generic drugs included in Aetna's formulary.
- The middle copay level is $25 for up to a 30-day supply of brand-name drugs included in Aetna's formulary.
- The highest copay level is $35 for up to a 30-day supply of brand-name drugs that are not included in Aetna's formulary.

How do you know which copay goes with which drug? After you enroll, you will receive Aetna's Formulary Guide, which lists more than a thousand drugs and the copay level for each one. All drugs in the Aetna formulary have been approved by the Food and Drug Administration as safe and effective. For additional information about Aetna's formulary, go to **www.aetna.com/formulary** or call Member Services.

Using the plan

The three-tier copay structure applies to prescriptions filled at participating retail pharmacies located in the United States, Puerto Rico, Guam and the U.S. Virgin Islands, as well as to prescriptions filled through the Aetna Rx Home Delivery® Program.

Here's how these programs work:

- ***The Participating Pharmacy Program for up to a 30-day supply of prescription medication.***

  Take your prescription and your Aetna medical plan ID card to any participating pharmacy located in the United States, Puerto Rico, Guam or the U.S. Virgin Islands. Your copay is payment in full at the time of purchase. There are no claim forms to complete; participating pharmacists file claim forms electronically for you. If they have any questions, they can call Aetna's toll-free, 24-hour provider help line for answers.

  For more information and to find a participating pharmacy nearby, visit **www.AetnaPharmacy.com**. Or, call Member Services for a listing of participating pharmacies. The network includes more than 57,000 chain and local independent pharmacies. That's 90% of all pharmacies located in the United States.

  Please note: There is no coverage for prescription drugs purchased at non-participating pharmacies in the United States, Puerto Rico, Guam or the U.S. Virgin Islands.

- ***Aetna Rx Home Delivery Program for up to a 90-day supply of prescription medication.***

  Use Aetna's mail-order program to save on medications you need on a regular, long-term basis. You may order up to a 90-day supply and enjoy the convenience of home delivery. In addition, you'll pay less for your medication than you would at a participating retail pharmacy. You can order a 90-day supply of medication for less than you would pay for a 60-day supply at a participating retail pharmacy. If you have questions about your prescription, program pharmacists are available to answer them. Mail-order pharmacies use the same quality checks on prescriptions as participating retail pharmacies. For more information, visit **www.AetnaPharmacy.com** or call Aetna Rx Home Delivery (toll free) at 1-866-612-3862.

  The mail-order program also features three copay levels for up to a 90-day supply of prescription drugs as follows:

  - $20 for generic drugs included in Aetna's formulary
  - $40 for brand-name drugs included in Aetna's formulary
  - $60 for brand-name drugs that are not included in Aetna's formulary

It's always a good idea to tell your pharmacist about your other medications when having a new prescription filled. Pharmacists can tell you if there is a risk of harmful drug interactions. Pharmacists in both retail and mail-order programs have access to Aetna's claim processing system and can review other covered drugs filled through an Aetna prescription plan to identify interaction issues.

What are you willing to pay?

In some cases, treatment requires a brand-name drug. In other cases, the choice is yours. Ask your doctor if a generic drug can treat your particular condition. You may be able to have your prescription filled with a lower-cost formulary generic drug instead of a higher-cost brand-name drug. Consider this: a 30-day supply of brand-name Prozac (20 mg) has a retail cost of $163.99; the generic equivalent costs $16.39.

When you request generics, you pay a lower copay. For example, the highest $35 copay would apply to a 30-day supply of the brand-name diabetic drug Glucophage, which is not on Aetna's formulary. The lower $10 copay would apply to a 30-day supply of a generic equivalent, saving you $25. In addition, the retail price of your medication is lower, so the plan's share of the cost is lower as well.

Generic drugs must meet the same FDA standards for safety and effectiveness as their brand-name counterparts. Generic drugs must:

- Contain the same active ingredients in the same amount as the brand-name equivalent.
- Carry the same label information as the brand-name equivalent.

Smoking Cessation Products

Your prescription drug plan also includes a discount program for smoking cessation products. With a valid prescription, you may purchase smoking cessation and nicotine replacement products (such as patches and inhalers) at participating pharmacies or through the Aetna Rx Home Delivery Program. You pay 100% of the *negotiated* cost of these products, which is lower than the retail price you would normally have to pay.

Vision Care

With Open Choice, prescription eyewear is covered at 100%, up to $150 a year for each covered family member. In addition, you are eligible to use the Aetna Vision℠ Discounts program when your Open Choice coverage takes effect. The program offers discounts on eyeglasses, contact lenses, non-prescription sunglasses, contact lens solutions and accessories. To receive discounts, visit any participating optical center and show your Aetna medical plan ID card. The discount will be applied at the time of purchase. For more information or to find the nearest location, call 1-800-793-8616 weekdays from 9 a.m. to 9 p.m. or on Saturdays from 9 a.m. to 5 p.m., Eastern time. Participating optical centers are also listed on DocFind.

Fitness Program

When you enroll in Open Choice, you receive discounts on health club memberships* and certain home exercise equipment through GlobalFit™. It offers advantages such as:

- A free guest pass, to try out a club before joining
- Convenient, monthly payment options
- Sharing club memberships with covered family members
- Guest privileges at participating GlobalFit clubs when you travel**

You can learn more about this program and find a list of participating clubs by calling GlobalFit at 1-800-298-7800 or by visiting **www.globalfit.com/fitness**.

* *At some clubs, program participation may be available only to new club members.*
** *Not available in all areas.*

Alternative Health Care Programs

If you and your covered dependents wish to receive chiropractic care (beyond your medical plan coverage), acupuncture, massage therapy or nutrition counseling, Aetna Natural Products and Services Program℠ can help you save money. This discount program is offered through American Specialty Health Inc., and is available to you automatically once you enroll in Open Choice. To use the program, you simply visit one of the participating providers, show your Aetna medical plan ID card, and pay the special discounted fee at the provider's office when you receive the service.

You also receive savings on vitamins, herbal supplements, and health-related books and magazines, which you may order through the program.

For further information about these and other discount programs, please refer to the enclosed brochure *Stay Well, Get Fit and Save Money.* For the names of participating providers in your area, call Member Services or visit Aetna's website at **www.aetna.com**.

The National Medical Excellence Program®

For extremely complex medical procedures, Open Choice includes Aetna's National Medical Excellence Program. This voluntary program is available if your network provider decides that you need to have a highly specialized medical procedure performed, such as an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence™ hospital. These hospitals have national reputations for their skill at certain types of organ transplants and complex medical care. Surgical teams in these hospitals perform many of these specialized procedures and have a proven track record of success.

Your network provider and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion. Please refer to your Summary Plan Description for details.

Managing Chronic Medical Conditions

Living with chronic health problems can be difficult. But you don't have to manage these conditions alone. Aetna Health Connections℠ offers support for 30 common medical conditions. It is voluntary, confidential and available at no additional cost to you as part of your medical plan. The program is designed to fit your personal health needs in order to make living with a chronic disease easier by providing information and wellness coaching through specially trained registered nurses.

In addition, the program features state-of-the-art technology to make sure you are getting the right care and to let you and your doctor know if there are other alternatives to consider. It's called the ActiveHealth Management CareEngine®, and it continuously searches available claim and clinical data and compares them with more than 1,000 established guidelines of care. It can identify potentially dangerous drug interactions, drug and disease interactions and can flag opportunities for preventive screenings or additional care.

There are several ways to be identified for Aetna Health Connections:

- You may refer yourself by calling Aetna Member Services at 1-800-367-6276 or by sending an email through Aetna Navigator.
- Your doctor may refer you.
- Aetna's patient management staff and systems may identify you based on a confidential review of medical and claim history and invite you to participate. The decision is completely up to you. Remember, your medical information is confidential and is not shared with your employer.

With Aetna Health Connections, you will have nurses providing the support you need and the CareEngine watching for any potential problems or concerns. It connects everyone who is involved in your health to be sure you are getting the care you need.

Aetna Navigator™

Aetna has taken information to a whole new level with its online Aetna Navigator website. This site offers current health and wellness information as well as details about your benefit plan. Just go to **www.aetna.com** to access this multi-use, interactive website. It's easy to use, secure and private. To access your personal benefit information, you need to complete a simple registration process and select a password. As a registered member, you can customize some of the features of your home page, tailoring it to your individual needs and preferences.

You can also view your Health History Report, a summary of your doctor visits, medical tests, treatments, prescriptions and other information.

Here are a few of the features you'll find on Aetna Navigator:

DocFind

One of Aetna Navigator's premium services is DocFind, Aetna's online provider directory. DocFind is updated three times a week and gives you the latest information about which physicians, dentists, hospitals, vision care providers and pharmacies participate in Aetna's networks. You'll also find information about physicians' backgrounds, languages spoken and office hours, as well as maps and driving directions.

From Aetna Navigator, you can access DocFind by clicking on "Find health care in DocFind®" in the "Related Shortcuts" or "Take Action On Your Health" menu areas. Next, select the type of provider or facility you are looking for, then enter your zip code and the distance you are willing to travel to see a provider. Then, select a plan. Under "Plan," view the list under Aetna Standard Plans and click on "Open Choice PPO." If you are searching for a dentist, select "Dental PPO" as your plan.

You can begin your search or you can select additional criteria to narrow your search, such as specialty, gender or language spoken. Just follow the prompts and DocFind will return a listing of providers that meets your criteria.

Estimate the cost of care

One of the ways you can help control health care costs and keep your health benefits affordable is by becoming an informed consumer and taking an active role in getting the most for your dollar. A great place to start is by learning the cost of your care in advance. Aetna Navigator's Estimate the Cost of Care suite of tools can help. Just click on "Tools to Manage My Health Care" at the Aetna Navigator home page. These tools let you compare in- and out-of-network costs for medical products and surgeries, office visits and medical tests. You may also estimate the total cost of a serious illness or condition. Estimated costs for prescription drugs and dental services are also included. You'll find member-friendly terminology, links to important health care information and easy-to-use navigation.

Benefits and health information

Have you ever needed a quick answer to a benefit or health question? With Aetna Navigator, information is available in seconds. You can find:

- Which of your family members are covered under the plan
- What services the plan covers
- Explanation of Benefits (EOB) Statements for recent claims
- Information about the status of a claim
- The address and telephone number of Member Services
- Links to reliable, up-to-date health information on hundreds of topics
- Health references, such as a medical dictionary

Aetna Navigator even has a hospital comparison tool that allows you to learn how hospitals in your area rank on measures that are important to your care (such as how often a certain procedure is performed).

Speedy transactions

Aetna Navigator is also interactive. Use it to request information, send messages to Member Services, provide additional information needed for a claim or request replacement medical ID cards. Also, if you need any standard Aetna forms, print them from Aetna Navigator.

Aetna InteliHealth®

Aetna Navigator is also your gateway to InteliHealth, an award-winning site that provides in-depth health information plus wellness and fitness tips.

New services and features that will help you manage your health are constantly being developed. Check out Aetna Navigator today!

Enrollment/Election Instructions

During Open Enrollment

If you are currently enrolled in Open Choice, your coverage will automatically continue. Your current medical plan election will remain in place unless there has been a network change in your area. For example, if you are currently enrolled in Traditional Choice® and, due to a network change, Open Choice is now established in your area, you will automatically convert to the Open Choice plan. If you are eligible and decide to make a change for 2008, you will need to complete the election process outlined in the letter enclosed with this brochure.

New Employees/Newly Eligible Employees

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the Department of Defense NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

Retirees

If you are currently enrolled in Open Choice, your coverage will automatically continue. Retirees are eligible to make changes to their coverage if there is a qualified Family Status Change. Eligibility criteria for continuation after retirement applies. Please contact your supporting Human Resources Office for detailed information and instructions.

Coverage for Newborns

Important! During his or her first 31 days, your newborn is automatically covered under your medical plan. However, you must enroll your newborn child within 31 days of birth for coverage to continue. Please contact your supporting Human Resources Office for enrollment instructions.

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